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CONFIRMATION NO. 3167

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/749,101	12/30/2003 RULE	705	3686	EIS-5909B (1417G P 978)	
APPLICANTS James P. Martucci, Libertyville, IL; Laura M. Letellier, Buffalo Grove, IL; Mark Notestine, Cary, IL; Gordon J. Wilkes, Newmarket, CANADA;					
** CONTINUING DATA ***** This application is a CIP of 10/659,760 09/10/2003 and is a CIP of 10/424,553 04/28/2003 which is a CIP of 10/135,180 04/30/2002 This application 10/749,101 12/30/2003 claims benefit of 60/444,350 02/01/2003 and claims benefit of 60/488,273 07/18/2003 and claims benefit of 60/528,106 12/08/2003					
** FOREIGN APPLICATIONS *****					
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/11/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /AMBER L Acknowledged ALTSCHUL/ Examiner's signature	<input type="checkbox"/> Met after Allowance AA Initials	STATE OR COUNTRY IL	SHEETS DRAWINGS 59	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 3
ADDRESS BAXTER HEALTHCARE CORPORATION 1 BAXTER PARKWAY DF2-2E DEERFIELD, IL 60015 UNITED STATES					
TITLE System and method for verifying medical device operational parameters					
FILING FEE RECEIVED 1170	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	